Cabinet for Health and Family Services
Office of Health Policy
Data Advisory Subcommittee
Tuesday, March 20, 2012
1:00 PM – 3 PM
CHFS Auditorium, Room C

Agenda

I. Welcome and Opening Remarks

II. Update from KHIE

III. Discuss proposal to add new CPT codes to the submission manuals for required submission.

IV. Discuss Reporting based on Service lines rather than Licensed Provider type/CPT codes performed.

V. Issues related to payer codes for records where Medicaid coverage is presumed but undetermined at time of discharge and/or submission of data.

VI. Various other changes to submission manuals as a result of 5010 changes.

VII. Discuss recommendations of which new CPT codes should be counted as diagnostic catheterization and which as therapeutic catheterization in Annual Administrative Claims Data Report.

VIII. DAS recommendations for future direction of transparency activities.

IX. Adjourn

Cabinet for Health and Family Services
Office of Health Policy
Data Advisory Subcommittee
Tuesday, September 20, 2011
1:00 PM – 3:00 PM
CHFS Distance Learning Center, Suite B

MEMBERS PRESENT:

Hope Barrett (on behalf of Louis Kurtz)
Dept. for Behavioral Health, Development and Intellectual Disabilities

Ron Crouch
Education and Workforce Development Cabinet

Holly Curry (on behalf of Marie Cull)
Cull & Hayden

Dr. John Lewis

Tim Marcum
Baptist Hospital East

Chuck Warnick
Kentucky Hospital Association

Ben Yandell
Norton Healthcare

MEMBERS ABSENT:

James Berton
King's Daughters Medical Center

Sherill Cronin, Ph.D.
Bellarmine University

Louis Kurtz
Dept. for Behavioral Health, Developmental and Intellectual Disabilities

Dr. Ruth Shepherd
Department for Public Health

STAFF: CHFS, Department for Public Health
Charlie Kendell
Fontaine Sands

Office of Health Policy
Beth Morris
Chandra Venettozzi

GUESTS: Sara Walsh, Foundation for a Healthy Kentucky

CALL TO ORDER
Charlie Kendell called the meeting to order in the CHFS Distance Learning Center, Suite B.

WELCOME AND OPENING REMARKS
Charlie welcomed the subcommittee and guests.

APPROVAL OF MINUTES

Minutes from the meeting of March 22, 2011, were approved as distributed.

GUEST SPEAKER FONTAINE SANDS – HEALTHCARE INFECTIONS AND CLAIMS DATA

Fontaine Sands, Hospital Acquired Infections Coordinator, Division of Epidemiology and Health Planning, provided a presentation on Healthcare Associated Infections (HAI) Data Needs for KY. An HAI is the development of an unintended infection associated with receiving healthcare services (hospital acquired condition (HAC); adverse event). HAIs rank among the top 10 causes of death.

Hospital administrative data cannot be used effectively to track HAIs for several reasons: It is difficult to distinguish which infections are acquired during hospital care and which are acquired in the community, though this particular issue is becoming a little better since the implementation of present on admission coding; the data includes no risk stratification or risk adjustment; are coded from diagnostic decisions of individual physicians rather than from uniform formal surveillance definitions; are not validated for accuracy; usage of inappropriate denominator for device infections; and vary from state to state in the number of diagnoses per chart that are submitted to HCUP.

There are currently 30 states, plus DC, that have mandatory HAI reporting laws in order for the state to look at the issue and plan what their efforts should be directed toward. Five states have study laws to determine what should be mandated. One state is voluntarily reporting without a mandate and 13 states, including Kentucky, have no state regulatory laws for HAI reporting.

FACILITY REPORTING COMPLIANCE FOR 2ND QUARTER 2011

For the first time, every facility has reported with 99% or better compliance.

INFORMATION ABOUT THE NUMBER OF "HITS" RECEIVED ON OUR TRANSPARENCY WEBSITE

Previously, members of the subcommittee have inquired as to whether it was possible to track the number of hits that the website was receiving. Beginning February 1st, 2011, we were able to begin tracking those hits. Between February 1 – August 31, there were 1, 727 hits. It is not possible to determine exactly how many of those hits originated from the Office of Health Policy. However, it is possible to determine that 199 of those hits originated in Frankfort.

UPDATE ON ACTIVITIES RELATED TO SB-63

Senate Bill 63 was passed during the last legislative session. SB 63 requires Medicaid Services, the Department for Public Health, the Office of Health Policy, and the Personnel Cabinet to collaborate to identify goals and benchmarks while also developing individual entity plans to reduce the incidence

of diabetes in Kentucky, improve diabetes care, and control complications associated with diabetes. The various parties held their first meeting in April. During that meeting, Chandra was asked to develop a list of the Primary Diagnosis Codes codes that would be used and the Personnel Cabinet and Department for Medicaid Services planned to adopt the same list. Copies of a draft list were distributed prior to the meeting. Charlie asked that all comments or suggestions be forwarded to himself or Chandra. This is a long-term activity and the group is expected to report back to legislature in January 2013.

UPDATE ON ANNUAL SURVEYS AND PUBLICATION OF ANNUAL REPORTS

Beth Morris provided an update on the annual utilization reports published by the Office of Health Policy. She stated that the Hospital Utilization and Services Report, Ambulatory Surgical Services Report, Hospice Services Report, Megavoltage, MRI, PET Services, and Home Health Services have been published. The Long-Term Care Services Report and the Psychiatric Residential Treatment Facility Report have not been published. The Long-Term Care Report is close to being published. The PRTF Report is a new report and a draft report has been sent to facilities to verify their information. The published reports are available on the OHP website. The Administrative Claims Data Report has also been published and can also be found on the OHP website. Beth noted that the cardiac section has been moved from the Hospital Report and is now included in the Administrative Claims Data Report.

RESULTS OF IPOP SURVEY TO HOSPITALS AND AMBULATORY FACILITIES

Chuck Warnick provided an update on the results of the IPOP survey. The survey was run through SurveyMonkey from February 15 through March 18. It allowed data coordinators throughout the Commonwealth to respond. In general, most respondents are pleased with the IPOP system.

DRAFT AMBULATORY FACILITY REPORT TO BE SHARED WITH COMMITTEE

Chandra provided an overview of the Non-Hospital Ambulatory Facility Report. Chandra asked for the subcommittees thoughts on adding ambulatory facilities to the report in next years Administrative Claims Data Report. The group agreed that the ambulatory facilities should be added to the report.

DRAFT REGULATIONS BEING PREPARED TO SUPPORT GOEHI

At the last meeting, April Smith, Governor's Office of Electronic Health Information, spoke with the subcommittee regarding implementation of their program. As the implementation has moved forward, they have recognized the need for regulations. The office has asked Chandra Venettozzi to assist in

drafting those regulations. GOEHI has received a grant that is paying for the start-up costs associated with the program and have realized that eventually fees will need to be charged for that service. Three regulations are needed: one will be the forms incorporated by reference; the second will govern participation such as the steps that must be taken to participate in the program; and the third will be fees. The intent is to have the first two regulations filed by October 15. The fees regulation will not be filed until it is needed.

Charlie stated that the Department of Public Health is now connected for the immunization registry. Several hospitals are also providing data. Public Health has already received strong endorsements from hospitals that are using the data in treatment. Currently, there is a federal effort to provide incentive payments for hospitals and private practitioners to adopt electronic health records. Of the federal dollars that have been dispersed to date, 20% hase been dispersed to Kentucky. Staff from GOEHI will be asked to present an update at the December meeting.

DISCUSS WEB PAGES CREATED USING MONAHRQ AND ACCEPT COMMENTS/RECOMMENDATIONS FOR CHANGES

The new webpages were published last week. Prior to the meeting, members were sent an e-mail requesting that they review the webpages. Kentucky is the fourth state to use MONAHRQ to develop a website. In preparing data for the link that MONAHRQ will provide on their website, Chandra was informed that there are three errors in version 2.0 of MONAHRQ. Chandra stated that she will not pull the webpages but over the next few weeks she will go back and run the data using MONAHRQ 2.0.1 and replace the pages.

GUEST SPEAKER RON CROUCH – KENTUCKY TRENDS, HEALTH CARE ISSUES AND MEDICAID REALITIES

Ron Crouch gave a presentation in relation to Kentucky trends, health care issues and Medicaid realities. In 1800, the world's population reached 1 billion. In 1930, the population reached 2 billion and 1960 reached 3 billion. The population is approaching 7 billion; however, the United Nation's projects world population growth to peak at 10 billion in 2100. The major factor in the world's population explosion during the last century was not due to fertility but longevity, a direct result of the rapid decline in mortality rates in the less developed countries.

ADJOURN

The meeting was adourned.

KHIE Fact Sheet

KENTUCKY HEALTH INFORMATION EXCHANGE

March 15, 2012

Statewide Health Information Exchange

- Core components of the KHIE include: a master patient/person index; record locator service; security; provider/user authentication; logging and audits; clinical messages and alerts. The system supports e-prescribing, patient demographics, lab order entry and results, radiology and transcription reports, historical patient diagnoses, medications, allergies, procedures, dates of services, hospital stays, and access to the statewide immunization registry, ability to communicate reportable diseases and a provider portal.
- First pilot hospital was connected in April 2010
- Statewide rollout began in January 2011

KHIE Connectivity Options and Available Data

- Patient Summary Record available through Community Portal or Continuity of Care Document (CCD)
  - The Community Portal uses edge servers connected via a Virtual Private Network (VPN) for connectivity
  - The CCD uses web services for connectivity
- KHIE is seeded with three years of Medicaid and Passport Claims Data

Implementation Seed Capital

- Medicaid Transformation Grant (MTG)
- HHS Office of the National Coordinator (ONC) State HIE Cooperative Agreement Program

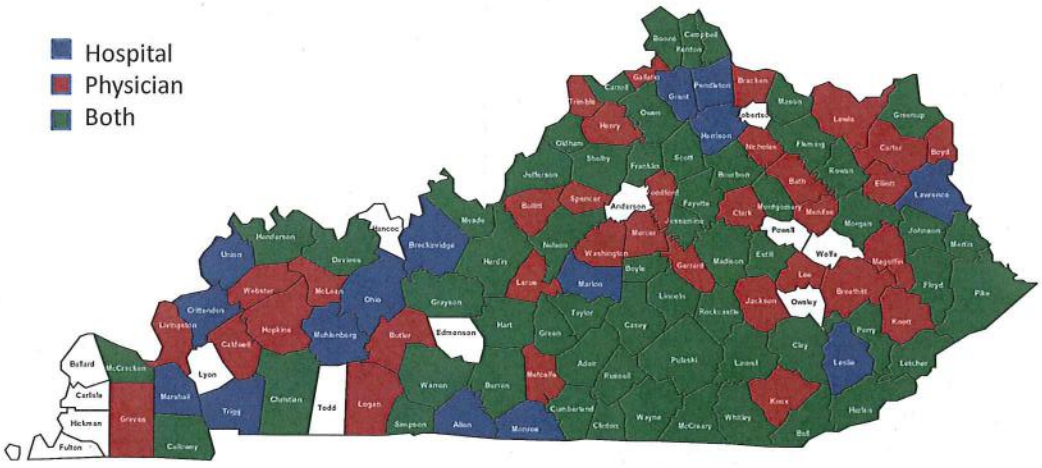
Participants

- Pilot participants included 6 hospitals and one clinic
- As of March 15, 2012, 486 hospitals, hospital systems, labs and practices have been contacted
- 148 Signed Participation Agreements (Represents 265 Locations)
- 39 LIVE Connections

KHIE Implementation Contacts

486 Combined Hospitals/Physicians/Labs/Other by County

Updated 03/15/2012



Regional Extension Centers (REC) with Kentucky Service Regions

- Kentucky Regional Extension Center at the University of Kentucky: http://www.ky-rec.org/
- Tri-State Regional Extension Center at Healthbridge: http://tristaterec.org/

Kentucky Medicaid EHR Incentive Program Status, March 15, 2012						
	Registrations	Completed Attestations	Total Paid	Amount Paid	Total To Be Paid	Amount To Be Paid
Hospitals	94	2	79	$56,650,045.21	0	$0.00
Providers	1,441	150	939	$19,932,500.01	14	$297,500.00
Totals	1,535	152	1,018	$76,582,545.22	14	$297,500.00

Latest News

- The Governor's Office of Electronic Health Information was awarded a $600,000 Behavioral Health and Physical Health Care Data Exchange Grant from SAMHSA. This grant funding will allow the Kentucky Health Information Exchange (KHIE) to continue development of interoperability and exchange of medical records between behavioral health and physical health providers. A kickoff meeting was held on March 14, 2012 with Behavioral Health Ctrs/General Practitioners.
- KHIE presented at the Kentucky Diabetes Network (statewide diabetes coalition) meeting on March 2, 2012.
- The KHIECC and Committees met in Frankfort at Transportation Cabinet on March 8, 2012.
- Polly Mullins-Bentley and Rodney Murphy attended the Cerner CIO meeting on March 13, 2012 and gave an overview of KHIE.

Contact Us

- Kentucky Health Information Exchange: http://khie.ky.gov
  Governor's Office of Electronic Health Information, 275 E. Main Street, 4W-A, Frankfort, KY 40621
  Email: khie@ky.gov Phone: 502-564-7992
  Office Hours: Monday – Friday 8 a.m. – 4:30 p.m.

Updated KHIE Statistics as of March 15, 2012	
FFS MEDICAL	60,293,800
FFS RX	42,876,763
MEMBER UNDUP COUNT	1,247,050
PASSPORT MEDICAL	19,269,933

KHIE Statistics as of 03/15/2012 Statistics (CCD Technology)

- Total Queries: 104,669
- Total Documents Returned: 60,138
- Currently averaging 26,167 queries per week
- Response time (calculated for the period above)
- CCD Returned: 13.8 sec
- No CCD Returned: 17.2 sec
- ADT Transactions 1,717,010
- Lab Transactions 452,157

(VHR Statistics)

- VHR Queries 184,964

KHIE
KENTUCKY HEALTH INFORMATION EXCHANGE

Current Data Exchange

Participant	ADT	LAB	RAD	TRN	MRG	PATH	VXU	Silver (pull CCD)	Other	# of Facilities
Pikeville Medical Center								X		1
University of Kentucky								X		1
Trover Clinic								X		1
University of Louisville	X	X	X	X	X	X				1
Murray Calloway County Hospital	X	X			X					1
Commonwealth Health Corporation (Bowling Green)	X	X	X	X	X	X				3
Ephraim McDowell Hospital	X	X	X	X	X					2
Baptist Healthcare System, Inc.								X		1
King's Daughters Medical Center	X	X			X		X			1
Twin Lakes Medical Center	X		X	X	X		X			1
Big Sandy Health Care	X									5
Harrison Memorial Hospital							X	X		1
Ky. Div. of Laboratory Services									Micro results	1
Lourdes Hospital	X	X	X	X	X					2
Ky. Immunization Registry									Phase 1 live	1
Appalachian Regional Healthcare	X	X	X		X					7
Rockcastle Regional Hospital							X	X		1
Wayne County Hospital							X	X		1
Murray Vision Center									CCD via edge services	3
Hardin Memorial Hospital	X									1
St. Claire Regional Medical Center	X	X	X	X	X					1
Fleming County Hospital	X									1
State Lab		X								1

Total Facilities Connected: 39
As of 03/20/2012

State Designated Entity Health Information Exchange Sub Awardee

Five states chosen

Kentucky

Illinois

Rhode Island

Oklahoma

Maine

Develop infrastructure supporting the exchange of health information among behavioral health and physical health providers through the development or adaptation of HIE systems

GOEHI's Plan

Assist the existing PBHCI recipient with KHIE connectivity

Provide connectivity for other CMHCs

Enhance the capability of the KHIE and the current CCD

Develop a 42 CFR 2 compliant consent

Develop consent training protocols

Inform both healthcare providers and consumers about this process

Good Health Clinic Continuity of Care Document

Created On: January 6, 2012

Patient
Henry Levin , the 7th

Birthdate
September 24, 1932

Guardian
Kenneth Ross
17 Daws Rd.
Blue Bell, MA, 02368
tel:(888)555-1212

MRN
996-756-495

Sex
Male

Next of Kin
Henrietta Levin
tel:(999)555-1212

Table of Contents

Purpose

Transfer of care

Payers

Payer name	Policy type / Coverage type	Covered party ID	Authorization(s)
Healthy Insurance	Extended healthcare / Self	14d4a520-7aae-11db-9fe1-0800200c9a66	

Diagnosis

- Axis I Primary : 296.21 - Major Depressive Disorder , Single Episode
- Axis I Secondary : 303.90 - Alcohol Dependence
- Axis II Primary : 301.6 - Dependent Personality Disorder
- Axis III : None
- Axis IV : Social Environment (Recently divorced), Occupational (Recently unemployed), Housing (Recently lost home to foreclosure and is homeless), Other Problems (Recent evidence of male pattern baldness)
- AxisV:58

Allergies, Adverse Reactions, Alerts

Substance	Reaction	Status
Penicillin	Hives	Active
Aspirin	Wheezing	Active
Codeine	Nausea	Active

Medications

Medication	Instructions	Start Date	Status
Albuterol inhalant	2 puffs QID PRN wheezing		Active
Clopidogrel (Plavix)	75mg PO daily		Active
Metoprolol	25mg PO BID		Active
Prednisone	20mg PO daily	Mar 28, 2000	Active
Cephalexin (Keflex)	500mg PO QID x 7 days (for bronchitis)	Mar 28, 2000	No longer active

Immunizations

Vaccine	Date	Status	Source of Information
Influenza virus vaccine	Nov 1999	Completed	Immunization Tracking System
Influenza virus vaccine	Dec 1998	Completed	Immunization Tracking System
Pneumococcal polysaccharide vaccine	Dec 1998	Completed	Immunization Tracking System
Tetanus and diphtheria toxoids	1997	Completed	Immunization Tracking System

Results

	March 23, 2011	April 06, 2011
Hematology		
HGB (M 13-18 g/dl; F 12-16 g/dl)	13.2	
WBC (4.3-10.8 10+3/ul)	6.7	
PLT (135-145 meq/l)	123*	
Chemistry		
NA (135-145meq/l)		140
K (3.5-5.0 meq/l)		4.0
CL (98-106 meq/l)		102
HCO3 (18-23 meq/l)		35*

Treatment Plan

Problem	05-Substance Abuse		
	Goal	Accept chemical dependence and begin to actively participate in a recovery program.	
		Objective	Describe childhood experience of alcohol abuse by immediate and extended family members.
	Goal	Establish a sustained recovery, free from the use of all mood-altering substances.	
		Objective	Develop a right aftercare plan that will support the maintenance of long-term sobriety.

Progress Note

02/04/2009 Henry Levin was assessed and completed testing. He showed signs of alcohol dependence as evidenced by marked tolerance, previous attempts at abstinence, relationship problems as well as hangovers and blackouts. He also has a previous OWI and completed Level I with this program in 2007. Referred to XYZ Counseling Center for IOP. Baseline UA taken.

Suicide Risk

Suicide Thoughts?	Date of Last Suicidal Thought	Risk Factors	Previous attempts?	Date of Last Attempt	Additional Information
Yes	04/15/2009	Guns in house, potentially lethal medications	Yes - 1	11/27/1989	Recently lost job, feeling despondent

Risk of Violence

Threat towards others?	Existence of Plan	Plan details	Level of Intent	History of Violence?	History details	Risk Factors	Additional Information
Yes	Moderate Plan	Reduce the risk of domestic violence	Minor	Yes	Assault on 1 individual with deadly weapon	Guns in house	No vehicle to carry out plan

Substance Abuse

	Substance	Route	Frequency	Age of First Use	Date of Last Use
Primary	Methamphetamine	Injection	3-6 times in the past week	15	05/04/2009
Secondary	Methylphenidate	Oral	1-2 times in the past week	17	04/27/2009

Electronically generated by: on January 6, 2012

KHIE
KENTUCKY HEALTH INFORMATION EXCHANGE

KHIECC Coordinating Council and Committees

KHIE Coordinating Council serves as an advisory body to the Governor's Office of Electronic Health Information. Membership includes stakeholders from hospitals, physicians, mental health, public health, health insurance companies, universities and State Government representatives. The Committees include:

KHIECC Accountability and Transparency
KHIECC Business Development and Finance
KHIECC Interoperability and Standards Development
KHIECC Privacy and Security
KHIECC Provider Adoption and Meaningful Use
KHIECC Population Health
KHIECC Clinical Advisory Committee (NEW)

To complete the online application and submit your resume please go to the following link http://chfs.ky.gov/public/boards/

KHIE
KENTUCKY HEALTH INFORMATION EXCHANGE

KY eHealth Summit
Save the Date!

MARK YOUR CALENDAR!

September 17 KHIECC and eHealth Network Board Joint Meeting
5:00 – 7:00 p.m. Hyatt Regency, Lexington, KY
Welcome Reception
7:00 – 9:00 p.m. Hyatt Regency, Lexington, KY

September 18 eHealth Summit
9:00 – 4 p.m.

http://khie.ky.gov/Pages/index.aspx

Invited speakers include:
Keynote Speaker:
Kathleen Sebelius
Secretary
Health and Human Services

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM Regional Director
Center for Substance Abuse Treatment
Substance Abuse Mental Health Services Administration
U.S. Department of Health and Human Services

Michael R. Lardiere, LCSW
Vice President Health Information Technology and Strategic Development
The National Council for Community Behavioral Healthcare

Proposed new codes which will require submission

Proposed by Melanie

Code	Description
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg.wedge, incisional), unilateral.
32608	Thoracoscopy; with diagnostic biopay(ies) of lung nodule(s) or mass(es) (eg. Wedge, incisional), unilateral
32609	Thoracoscopy; with biopsy(ies) of the pleura
33227	Removal pulse generator with replacement pulse generator only single lead system (transvenous)
33228	Removal pulse generator with replacement pulse generator only dual lead system (transvenous)
33229	Removal pulse generator with replacement pulse generator only multiple lead system (transvenous)
33230	Removal transvenous electrode only single lead system
33231	Removal transvenous electrode only dual lead system
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session
77425	Intraoperative radiation treatment delivery, electrons, single treatment session
77469	Intraoperative radiation treatment management
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and intrepretatio, when performed
93453	Combination right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation.
93455	Coronary angiography without concomitant left heart catheterization with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous graft(s) including intraprocedural injection(s) for bypass graft angiography
93456	Coronary angiography without concomitant left heart catheterization with right heart catheterization
93457	Coronary angiography without concomitant left heart catheterization with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
93458	Coronary angiography without concomitant left heart catheterization with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93459	Coronary angiography without concomitant left heart catheterization with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93460	Coronary angiography without concomitant left heart catheterization with right and left heart catheterization including intraprocedural injection(s) for left vnetriculography, when

	performed
93461	Coronary angiography without concomitant left heart catheterization with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture

Proposed by hospitals and ambulatory facilities

72285	Discography, cervical or thoracic, radiological supervision and interpretation
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)

1. There was also some discussion if the following service lines would be added to state reporting: Ophthalmology, Nephrology, and Dental.

2. Collection of Medicaid Data

a. Issue: we have noticed that Medicaid data has taken a 6% decrease in state reporting since 2008. As we know the number of Medicaid recipients has increased over the years and the data should reflect that however we have uncovered some issues when collecting Medicaid data.

i. When a patient comes into a facility and has not been approved for Medicaid the facility at the time of discharge will code the payer as Self Pay.

ii. Once the facility has received notice of approval from Medicaid (anywhere from 1 – 6 months) will change in their internal system the payer to Medicaid.

iii. If this process is completed before the quarterly deadline then the record may or may not get to KY IPOP for state reporting.

b. Possible Solutions

i. Adding a Pending Insurance to the KY IPOP Data Coordinators Manual for facilities to use when they have a Medicaid Pending Record

ii. Start collecting Bill Type 112 which is a Re-Bill record in order to collect the Medicaid approved records – this would cause a duplicate in KY IPOP and the facility would have to review both records to determine which one is correct and then delete the Self Pay record before closing the quarter. One other issue that may arise from this is those practice management systems that creates a new patient control number for re-bills – this would cause an increase in duplication of records in IPOP without us or the facility knowing

iii. Extending the Quarterly Deadline in order to capture most (not all) of the Pending Medicaid Records.

3. Other Recommended Manual Changes (Delete items in Yellow)

a. Page 10 in the KY IPOP Data Coordinators Manual for Hospitals

i. Observation Care data will be determined based upon Revenue Code 762 with or without Procedure Codes, depending upon payer billing requirements. All Bill Types remain the same. The Revenue Code units should be reported in hours only. The patient record must contain Revenue Code 762 to qualify for inclusion in our Outpatient OC data:

b. Page 11 in the KY IPOP Data Coordinators Manual for Hospitals

i. Emergency Department data will be determined according to Admission Type or Revenue Code submitted on the patient record, with or without procedure codes. All Bill Types remain the same. The patient record must contain one of the following Admission Types or Revenue Codes to qualify for inclusion in out (add OUR) Outpatient ED database.

c. File Formats to Include 5010 Changes

i. First Position Procedure Code and Date for Outpatient is no longer collected with the 5010

1. Possible Solutions for KY IPOP and InfoSuite

a. We currently collect CPT/HCPCS codes in two separate place in KY IPOP – 1st Position Procedure Code and in the Revenue Section of the file

b. We could have the facilities only submit the CPT/HCPCS codes in the Revenue Section of the file and have KY IPOP take the codes in that section and duplicate them into the 1st Position Procedure code and Other procedure code section in KY IPOP. This would allow the facilities to view the codes on the edit record screen and correct any code errors that might appear in the file (incorrect codes, modifiers, gender related codes, etc.)

c. Second option is to have the facilities submit the codes in the Revenue section only, delete the 1st position procedure code and other procedure code section in KY IPOP and when removing the file from KY IPOP have our programmer (Paige and/or Bill Sampsel from InfoSuite) create a program to duplicate the procedure codes into the 1st position procedure code and other procedure code section. The only down side to doing this is the facilities would not get to audit there data we would be doing all of the auditing on the back before sending to InfoSuite and the State.

d. **New Data Elements with the 5010 Changes to Appear in the 837 File Formats**